

10/27/11 Provider Network Advisory Group Meeting Minutes

All handouts referenced in these minutes are in the 10/27/11 meeting handouts or slides located at www.ProviderNetwork.Lni.wa.gov

Participants: See Appendix

Review of Draft Rules (see handout):

Section	Comments	Advisory Group Action
01010	<p>Scope of Health Care Provider Network</p> <p>No major changes from the draft that was reviewed at the October 13 meeting; added CRNAs in subsection 3.</p> <p>The Advisory Group discussion focused on the proposed exclusion for emergency care. Another option would be to apply network requirements to Emergency Room providers and instead address emergency care from non-network providers in the definition of “initial visit”. Concern is that some injured workers use these providers for multiple visits/ongoing care, not just emergencies, and these providers should be subject to same standards.</p> <p>Department agrees with potential concern and will leave as is for first phase, but look to evaluate and present options for later phase of network implementation.</p> <p>No additional comments</p>	Approved without change
01020	<p>Health Care Provider Network Enrollment</p> <p>Moved this section up for clarity (application and approval process). No material changes; clarifying changes throughout. No major Provider Network Advisory Group comment/discussion.</p> <p>No additional comments</p>	Approved without change

01030	<p>Minimum Health Care Provider Network Standards</p> <p>Moderate changes based on prior Advisory Group input. Clarified that providers must meet minimum standards to be eligible. Grouped minimum standards with no exceptions first; made clarifying changes and changes to certain standards based on Advisory Group comments and to emphasize that all minimum standards must be met. Moved requirements related to commercial insurer actions; inpatient coverage plan to review criteria (still could be basis for denial, but not automatic); and added language regarding exoneration/later removal of restrictions to exceptions</p> <p>Advisory Group discussed the change in the language on Line 119. This was changed from “scope of practice” to “scope of licensure” in order to clarify that L&I will be looking at the provider’s licensure and whether the licensure includes prescribing authority.</p> <p>--Line 94 (L 94): Proposed adding clarifying language limiting this to federally or state funded health care programs</p> <p>--L 129: Proposed moving the language about pending charges to “reasons for further review” (section 01050)</p>	Unanimous approval on both proposed changes
01040	<p>Health Care Provider Network Continuing Requirements</p> <p>Minor updates made since the prior draft. The requirement in (d) was changed to 14 days as requested.</p> <p>A member of the public requested adding an exception to the requirement that providers follow department rules/policies, to address situations when there was a conflicting Board order. This was also mentioned in prior written comments submitted by the Washington State Labor Council. See motion below.</p> <p>--L 145 Add language “Inform the department <u>or delegated authority</u>. . .”</p> <p>--L 143 Decide on department recredredentialing vs. credentialing standards</p> <p>--L 143 (subsection 1c)—Add “<u>materially</u> maintain compliance. . .”</p>	<p>Approved by consensus</p> <p>Approved by consensus</p> <p>Approved by consensus</p>

	--Add an exception for Department coverage decisions or treatment guidelines overturned by the Board of Industrial Insurance Appeals.	Group majority voted “no”
01050	<p>Health Care Provider Network Further Review and Denial</p> <p>Added several provisions that were previously in the minimum standards and made minor modifications and clarifications based on public comments and review.</p> <p>--L 183: Susan Scanlan, DPM distributed proposed a language change to subsection 3(e)</p> <p>--L 199: Revise subsection 3(j) to include language “provider was... found to be involved”</p> <p>--L 229 (subsection 4): Change to “<u>will</u> not” (from “may not”)</p>	<p>Consensus to leave as is</p> <p>Approved by consensus</p> <p>Approved by consensus</p>
01060	<p>Delegation of Credentialing and Recredentialing Activities</p> <p>74Added “dental” to subsection 1(a)</p> <p>No additional comments.</p>	Approved without change
01070	<p>Waiting Periods for Reapplying to the Network</p> <p>No major changes; added language in 1(c) related to expungement (for consistency with other sections.</p> <p>The Advisory Group discussed the rationale for a 5-year waiting period before a provider can reapply to the network. No alternatives were proposed.</p> <p>No additional comments</p>	Approved without change
01080	<p>Management of the Provider Network</p> <p>Changes made related to contract termination, based on prior Advisory Group discussion. Removed Department ability to terminate for convenience. Retained the language giving the Department authority not to pay for services pending a provider’s appeal of a termination order. Contracts will contain an end date, but that date need not be specified in rule.</p>	

	<p>Advisory Group members differed on whether contract termination should be addressed in rule and whether termination should be subject to board review or only contract dispute provisions.</p> <p>Department recommends including high level contract termination authority in rule. Dispute provisions may be contained in the contract and need not be further detailed in rule. Jurisdiction of the board to review Department actions is a statutory issue not within authority of Department to change through rule.</p> <p>No additional comments</p>	Approved without change
01090	<p>Request for Reconsideration of Department Decision Clarified that this reconsideration relates to network enrollment, removal and suspension. Contract actions and disputes are not included here.</p> <p>--Add specific language explaining providers' right to appeal to the Board of Industrial Insurance Appeals</p> <p>--L 315. Request for reconsideration must be received by the department within 60 calendar days (instead of 30 calendar days) from the date of notice of the department decision.</p> <p>--L 318: For consistency, change "providers" to "a provider"</p> <p>--L 328: Notify providers "within x number of days of the status of its reconsideration decision" (not a determination by that date)</p>	<p>Group majority voted "no"</p> <p>Approved by consensus</p> <p>Approved by consensus</p> <p>Approved by consensus</p>
01100	<p>Risk of Harm This is the language as approved by IIMAC. No material changes; moved language regarding actions that may be taken by the Department to the network management section.</p> <p>No additional comments</p>	Approved without change

Wrap up:

The next Provider Network Advisory Group meeting will be on December 8, 2011 from 1 to 5 pm at SeaTac Airport Port of Seattle-Beijing Conf. Room (Room 6012M) 17801 International Blvd. Seattle, WA 98158

DRAFT

Appendix:

Participants:

More than a quorum of the Provider Network Advisory Group was present in person and by phone. Two alternates were present.

On the phone were:

- Cody Arledge, Steelworkers Local 66
- Rebecca Forrester, GHC
- Rebecca Johnson, WA State Labor Council
- Vickie Kennedy, L&I

In person were:

Members	L&I	Public
Dianna Chamblin, MD	Gary Franklin, MD, MPH	Elaine Armantrout, PTWA
Andrew Friedman, MD	Janet Peterson	Denny Mahan, CDI
Janet Ploss, MD	Leah Hole-Curry, JD	Susan Scanlan, DPM
Robert Waring, MD	Diane Reus	Several people did not sign in
Kirk Harmon, MD, alternate	Hal Stockbridge, MD, MPH	
Clay Bartness, DC	Jami Lifka	
Ron Wilcox, DC	Bob Mootz, DC	
Mike Dowling, DC, alternate	Joanne McDaniel	
	Gary Walker	